

Rhode Island Department of Labor and Training

For Office Use Only Approval Date: 10/1/2014

Workforce Investment Act Eligible Training Program

Provider Name: Ameri	can Safety Pro	ograms and Trainin	g Inc.	Co	ntract <u>#5050-</u>	<u>-88</u>				
Address:				Ad	dress if pro	gram	is held at a ar	nother si	te:	
1117 Douglas Avenue										
North Providence RI 02904										
Program Name: Emergency	Medical Tech	nician - Basic Prog	ram							
Office use only: ONET CODE	29-2041.00	3								
CONTACT INFORMATION										
			Phone:		900 ext 101		Fax:	401-353		
Albeit Feleisuii			Email:	apeterson	@aspandtring	con.	Website:	www	<i>i.</i> aspte	ms.com
Course Outline/Topics to be C	Required acad	emic gra	de levels to	enter progr	ram					
Students will learn skills in basic life support, respiratory emergencies, trauma		Reading Grade	Level	8						
		Math Grade Lev	el 8							
emergencies, vehicle extrication and terrorism awareness as it pertains to EMS.		Matri Grade Lev	GI							
Medication administration, use of AED's		English Proficie	ncy		8			=		
and ambulance operations will be										
At course completion, students that meet the state minimum requirements will be allowed to take the RI State and National		Required to en	ter traini	ning program		Ī	MAY be requir	ed for en	nploym	ent
		Physical	Yes Vo				Physical	✓ Yes		No
		Vaccinations	Yes	✓ No			Vaccinations	✓ Yes		No
Licensure test to become certific Basics.	ed NREMI-	Drug test	Yes	✓ No			Drug test	✓ Yes		No
Dasics.		BCI	Yes	✓ No			BCI	✓ Yes		No
		License	Yes	✓ No			Certification	✓ Yes		No
		Tools	Yes	✓ No			License	✓ Yes		No
		Experience	Yes	✓ No			Tools	Yes		∕ No
		Other:					Experience	Yes		✓ No
							Other:			
						L				
	Participants will be qualified to seek employment in the following ecounations:									
	Participants will be qualified to seek employment in the following occupations: 1) EMT Basic 2)									
		3)				4)				
			′							
	Is this program	Pell gra	rant eligible?		Yes		✓ No			
PROGRAM COSTS:										
- 110 G17 IIII GGG161		These are even	naca tha	4 MAV ba s	almhuraad					
TUITION INCLUDE		nese are expenses that <u>MAY</u> be reimbu ter successful completion of training.				Participant is responsible for :			r :	
		aiter successit	ai compie	ompletion of training.						
	\$950.00	Please indicate Yes	Na				Prerequisites			18 y.o and a
Tuition	\$950.00	Please mulcale res	, NO OF EITHE	i ine amouni					П	.S Diploma or a GED
Fees			YES	NO	AMOUNT		Memberships			
Books		Books	Yes	✓ No			•	_	_	
Licensing	\$150.00	Licensing	Yes	✓ No				- -		
Certificate fees		Tools	Yes	✓ No				_	_	
Other, provide explanation		Uniforms	Yes	✓ No				_	_	
		Travel	Yes	✓ No			Cost above tuit	ion cap	_	\$0.00
		Miscellaneous	Yes	✓ No		ļ ļi	Expenses that MAY be			\$0.00
						ן ני	reimbursed			\$0.00
Total Tuition Cost	\$1,100.00			Total	\$0.00			7	Γotal	\$0.00
] L				
Maximum ITA Responsibility (NGTH				ek from 6 pm	to 10 pr	n. Soı	ne		
Weeks and Ho			ırs	Saturday	s from 9 am	to 4 p	om.			
	¢4 400 00	and Additional Info	rmation							
	\$1,100.00	Additional IIITO	manon							

What type of certificate will be awarded and by whom?

Students receive a Certificate of Completetion from ASP and move on to the Licensure phase by the National Registry of EMTs and the RI Department of Health.